

Creation of an ACGME Approved Rotation for Short Term Surgical Service Trips

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Background

The Accreditation Council for Graduate Medical Education (ACGME) prefers that international anesthesia missions be standing electives and has published requirements for approval of elective international rotations. (ref 1,2) We describe the implementation of a standing, preapproved rotation at the University of Pittsburgh Medical Center (UPMC) to educate residents in the practice of anesthesia for short term surgical trips with an emphasis on fulfillment of the requirements for ACGME accreditation. Advantages of this approach include 1.) reproducibility of the rotation 2.) ability to assure residents get credit for cases performed 3.) assure that residents do not have to use vacation or meeting time.

Description of Rotation

1. Educational Rationale

Anesthesia for a volunteer surgical mission is different from the practice of anesthesia in a home institution. Differences include varied patient population, variety and advanced state of surgical diseases, uncustomary equipment and supplies, emphasis on team building and cultural variances to health care.

2. Location of Rotation

All of the international trips emphasize pediatric surgical populations and, thus, the one month rotation includes time initially at the Children's Hospital of Pittsburgh followed by 8-11 days at a designated international destination. Travel occurs with 1.) a local NGO that organizes 6 surgical trips/year to multiple international locations or 2.) residents can travel to the Hospital Albert Schweitzer in Haiti with UPMC faculty on a trip organized internally within the UPMC. UPMC and the NGO have agreements with several institutions abroad for the provision of medical facilities, licensure and travel documents, and travel and living arrangements. Through this program residents have travelled to Haiti, Guatemala, Viet Nam, Bhutan, Ethiopia, and Zambia.

3. Faculty Supervision

All supervising faculty are in active practice at UPMC and have academic appointments within the University of Pittsburgh. Training, certification, and relationship to the Core Program and Program Director are thus pre-established. All supervising faculty must have previous experience in anesthesia for short term surgical missions and training and mentoring is provided as needed.

4. Resident Selection / Participation

The elective is restricted to CA3 residents and selection is done by a designated committee. Residents apply and are chosen based on proficiency in the core competencies with special emphasis on having a sincere interest in philanthropic efforts. The number of residents assigned is dictated by operating rooms and number of faculty. Each resident has his own OR table and is assigned 1:1 with faculty. All resident expenses including travel and living expenses are paid for by the UPMC Department of Anesthesia.

5. Insurance considerations

Malpractice, health, and evacuation insurance are part of the standard insurances provided by UPMC and are extended to the international location. This is possible because the international site is considered an approved academic rotation via the ACGME approval and the Program Letter of Agreement.



Program letter of agreement

A Program Letter of Agreement (PLA) is executed between the receiving institution and UPMC and the University of Pittsburgh. This is a standard document used for University of Pittsburgh Medical Center Medical Education (UPMCME) residents/fellows receiving clinical experience at non-UPMCME program(s) and/or sites. This document outlines resident duties, designation of program and rotation directors, conditions, timelines and evaluation protocols and the goals and objectives of the rotation. This agreement requires approval/signatures of sending program officials, receiving program officials and the UPMCME GME Leadership.

Institutional Letter of Approval

A Master Affiliation Agreement is executed by the Designated Institutional Officials (DIO) for the UPMC. This document outlines the legal relationship between both sending and receiving institutions to include obligations and responsibilities for both Institutions. This document requires the approval/signatures of the DIO and the alternate DIO for UPMC and the Managing Director and the Medical Director of the receiving Institution.

References

1. ACGME Anesthesiology RRC Update; SAAA 2008 Annual Meeting - 11/2/08
2. Global Humanitarian Outreach, ASA, <http://www.asahq.org/GHO/Residents/Resident-FAQs.aspx>

Competency-based G & O's/ Educational Program

G&O's were created using the core competencies. The curriculum covers skills and topics deemed unique and necessary for the provision of anesthesia in an international under-resourced setting.

1. Patient Care
 - Understand Influence of local resources on health care delivery
 - Prepare for and set up adequate anesthesia delivery/ recovery areas
 - Understand influence of religion /non-western practices on medicine
 - Adhere to all ASA standards of care
 - Understand local standards of care
 - Provide all elements of anesthesia care in an austere environment
2. Medical Knowledge
 - Learn about potential health and safety risks as they apply to visitors
 - Learn about anesthetic techniques, diseases and surgeries that are uncommon in the USA and developed countries but common in the host country.
 - Identify endemic health issues and understand the effects on perioperative care
 - Identify differences in risk data in well resourced vs. under resourced countries.
3. Interpersonal and Communication Skills
 - Understand the cultural differences and values of the host country
 - Learn to communicate using foreign language, interpreters and body language
4. Professionalism
 - Act as a representative of the medical community and the USA
 - Understand volunteerism and its effects on the community
5. Practice Based Learning and Improvement
 - Demonstrate the ability to constantly adapt to novel environments
 - Learn to use web-based information such as the CDC website and the USA State Department website to acquire new information
6. Systems Based Practice
 - Understand the healthcare system in the hosting country
 - Understand how patients access the healthcare system in the host country

Evaluation Process

The standard UPMC evaluation process is used which includes daily written evaluations and discussions. 180 degree summary evaluations are submitted at the completion of the rotation.

Results

The Department of Anesthesiology at UPMC has created an ACGME approved standing elective for residents to learn about and experience the challenges of providing anesthesia services for short term surgical missions in under-resourced countries. This program was created and approved in 2008.

Conclusion

This rotation may serve as a model for other programs.